

Brunel University LondonPhysician Associate MSc

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Members of the Planning & Development Committee State Capitol Hartford, CT 06106-1562

Dear Members,

Did you know that adopted adults are the <u>only</u> American citizens who are systematically denied access to their original birth certificate? I am writing to you as an adopted person and professional in order to ask for your support of Senate Bill 113, which will help to rectify that situation.

It is a basic human right to know and understand your genetic, biological, ethnic, and social history. These basic rights have been upheld in the United Nation's Declaration of the Rights of the Child (1959) and Convention on the Rights of the Child (1989) as well as the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption (1993).

My doctoral work focused on improving healthcare for adopted patients. With sealed birth certificates and adoption records, adopted persons can be left without a family medical history. This health history is so important that the Surgeon General, in 2004, declared Thanksgiving to be National Family History Day in order to focus attention on the fact that many diseases run in families and how important it is to record that history.

Without a family history screening for disease becomes very important throughout an adopted patient's life cycle due to a lack of knowledge regarding the risk of genetically predisposed diseases and age of presentation in relatives. This makes health and wellness practices particularly important for adopted persons in order to reduce the risks for unknown genetic predisposition for chronic diseases and cancers.

While genetic testing might be useful for some single-gene diseases like cystic fibrosis or Huntingdon's disease, it is no match for a thorough family medical history when it comes to diseases like coronary artery disease, diabetes, or familial high cholesterol. These diseases have proven to be multi-factorial and include environmental and life-style components as well as multiple biological connections.

Should you have concerns for birthparents that had previously placed a child for adoption, research has shown that in states with open access, the percentage of birthmothers indicating a preference for having no contact is less than .01% one year after passage of reform legislation. Additionally, the vast majority of birthmothers want contact and young women today will only choose adoption if they are assured of updates or contact with the adoptive family.



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I would think that all members of the adoption triad, adopted persons, birth parents, and adopted parents would prefer that contact be made through this process. In other cases, adopted persons and birth relatives are being connected through social media like Facebook and through genetic testing like AncestryDNA or 23andMe. In both these cases, it might be persons outside of the triad who make the connection with the adopted person or birth parent. Any chance of privacy or confidentiality, in these cases, flies out the window.

I have been involved with similar successful legislation in Pennsylvania and New Jersey and would be happy to answer any questions you might have regarding Senate Bill 113 or my position as a healthcare provider and healthcare educator. I am very hopeful that the Members of the Planning & Development Committee will support this bill and help move it to an affirmative vote.

Very sincerely yours,

David R. Leonard, DHSc, MMS, PA-C/R

Reader

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